AMENDED    The color plant   Color   C	RI DIV	DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH  Registration District No. 132 Primary Registration District No. 2021 Registrar's No. 43 STATE FI	6283 E NUMBER
PART	DED _	Registration District (10,, 7 mary Registration District (10,, Registration ) 10,,	
NOTION WIGHT LOST ADDRESS  NAME OF DECEASED WITHIN Middle DATH FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY Drinkard OAKBY DATH FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY Drinkard OAKBY FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY DRINKARD OAKBY FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY DRINKARD OAKBY FIG. 3, NAME OF BUSINESS OR INDUSTRY 1. BIRTHFLACE (City and state or country) 12. CITIZEN OF WILLIAM OAKBY DRINKARD OR WHE WILLIAM DRINKARD OR WHE PART I. DEATH WAS CAUSED BY.  II. CAUSE OF DEATH HERE ONLY OR COURSED WILLIAM DRINKARD OR WHE PART I. DEATH WAS CAUSED BY.  III. SOCIAL SECURITY NO. 17. INFORMANT Address MINE OR OF DEATH DRINKARD DRINKARD DRINKARD DRINKARD OR WHE PART II. DEATH WAS CAUSED BY.  III. SOCIAL SECURITY NO. 17. INFORMANT Address MINE OR OAKBY DRINKARD DRI	<b> </b> -	1. PLACE OF DEATH  a. COUNTY  a. STATE  b. COUNTY	ion: Residence l
NOTION WIGHT LOST ADDRESS  NAME OF DECEASED WITHIN Middle DATH FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY Drinkard OAKBY DATH FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY Drinkard OAKBY FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY DRINKARD OAKBY FIG. 22, 1962  NAME OF DECEASED WILLIAM OAKBY DRINKARD OAKBY FIG. 3, NAME OF BUSINESS OR INDUSTRY 1. BIRTHFLACE (City and state or country) 12. CITIZEN OF WILLIAM OAKBY DRINKARD OR WHE WILLIAM DRINKARD OR WHE PART I. DEATH WAS CAUSED BY.  II. CAUSE OF DEATH HERE ONLY OR COURSED WILLIAM DRINKARD OR WHE PART I. DEATH WAS CAUSED BY.  III. SOCIAL SECURITY NO. 17. INFORMANT Address MINE OR OF DEATH DRINKARD DRINKARD DRINKARD DRINKARD OR WHE PART II. DEATH WAS CAUSED BY.  III. SOCIAL SECURITY NO. 17. INFORMANT Address MINE OR OAKBY DRINKARD DRI	-		Inside Li
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NAME OF DECEASED  NITURION Wright Mem. Ho Sp.  Name of Deceased  William  Oakey  Drinkard  Oakhy  Drinkard  Oake (last birthay)  Note (	-		Reside on
S. NAME OF DECEASED First Middle  (type or print)  William Oakey Drinkard Day Here Married S. DATE of BIRTH 9. AGE (less birthday) IF UNDER 1 YEAR Middle  S. SEX		HOSPITAL OR INSTITUTION Wright Mem. Hosp. Yes TX No   ADDRESS 827 W. 13th St.	Yes 🗆 I
SEX BLAND COURSED WINDERS SEX BLAND RESERVED TO SEX BLAND SEX BLAND BEATH 1'GD 22, 1902  SEX BLAND COURSED WINDERS AND BEATH 1'GD 22, 1902  SEX BLAND COURSED WINDERS AND BEATH 1'GD 22, 1902  SEX MG1 C WINDERS AND BEATH 1'GD 22, 1902  WINDERS AND SEX BLAND COURSE WINDERS AND BEATH 1'GD 22, 1902  SEX MG1 C WINDERS AND SEX BEATH 1'GD 2'S AND SEX	<del>        -</del>	3. NAME OF DECEASED First Middle Last 4. DATE Month	-
Male White Divorced 9-28-87 74 Months Day    100. USUAL OCCUPATION (Give kind of work done    Janit Cor    Ja		William Oakey Drinkard DEATH Feb. 22,	.962
MALE WILLEAM OF HUSBAND OR WIND OF BUSINESS OR INDUSTRY II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W during morp of working life, even if refired) Jan 11 to TTO 1. MO. U.S. A MILE AT WORK II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL II. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (thy and attest or country) 12. CITIZEN OF W TOOL III. BRITHPLACE (the and attest or country) 12. CITIZEN OF WILL AT WORK II. BRITHPLACE (the and the attended to the terminal II. BRITHPLACE (the and the attended to the terminal III. BRITHPLACE (the and the attended to the terminal III. BRITHPLACE (the and the attended to the terminal III. BRITHPLACE (the and the attended to the terminal III. BRITHPLACE (the and the attended to the terminal III. BRITHP		2. CON ON KACE 1 11 MONTHS CO STATE OF	
Description of the working life, even if retired   Jan 11 CT   Trenton, Mo. U.S. All 12 CT   T		Male   White   William   9-28-87   74	
JAIL TOT  IJS. HATHER'S NAME  William Drinkard  IJS. WAS DECEASED EVER IN US. ARMED FORCES?  IVEN. NO, or Unknown! (If yes, give wer of dates of service to service)  INTS. LUVING Drinkard Trent  IMMEDIATE CAUSE OF DEATH (Enter only one cause per line)  IMMEDIATE CAUSE (a)  Condition, if any, which gave rise to above cause (e). INTS. LUVING Drinkard Trent  IMMEDIATE CAUSE (a)  Condition, if any, which gave rise to above cause (e). INTS. DUE TO (b) Condition given in PART II. OF ART II. OF AR	]   [ ]		OF WHAT COU
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17.   17		Janitor Trenton, Mo. U. S	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18.   19	-	136. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR	WIFE
(Yes, no, or unknown) (If yes, give wer or dates of servic NO 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)			
NO   18. CAUSE OF DEATH (Enter only one cause per line   18. CAUSE OF DEATH (Enter only one cause per line   18. CAUSE OF DEATH (Enter only one cause per line   18. CAUSE OF DEATH (Enter only one cause per line   18. CAUSE OF DEATH (I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH (I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH (I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH (I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH (I. DEATH WAS CAUSED BY:   18.			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), steining the under last.  DUE TO (b) SECRETE HOW INJURY OCCURRED. (Enter nature of injury in PART II of PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnant where a pregnant performed by the preparation of the prepara	_	No 41 Mrs. Luvina Drinkard To	enton,
which gave rise to above eause (a), stating the underry lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II or PART		- 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ONSET AND
White are rise to above seases (a). Stating the under-lying cause leat.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART I	₩.	IMMEDIATE CAUSE (a) Virus Preumonia above	3 days
19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II	8	which gave rise to above cause (s), stating the under-	
20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)  21. I attended the deceased from Rub 3-1962 , to February 262 and last saw her him alive on Tub 21-1962 and last saw her him alive on Tub 21-1962 and to the best of my knowledge, from the cause of the county of the cause of the county of the cause of the ca		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If decer there a p	sed was fema regnancy in last
20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)  21. I attended the deceased from Rub 3-1962 , to February 262 and last saw her him alive on Tub 21-1962 and last saw her him alive on Tub 21-1962 and to the best of my knowledge, from the cause of the county of the cause of the county of the cause of the ca		Ŭ	_ N-
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, leading the farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from PLUS 3-1962, to Fact No. 1962 and last saw her alive on FLUS 21-196 Death occurred at 3 Mm. In on the date stated above, and to the best of my knowledge, from the cau  22a. SIGNATURE (Degree or title)  22b. ADDRESS  23a. BURIAL, CREMATION, 23b. DATE 23a. BURIAL, CREMATION, 23b. DATE 23a. BURIAL, CREMATION, 23b. DATE 23b. DATE REMOVAL (Specify) Bur 1al 2-25-62 Masonic  24. FUNERAL DIRECTOR ADDRESS  25. DATE RECO. BY LOCAL REG. 26. RPGISTRAR'S SIGNATURE			RT II of item 18.
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   1 attended the deceased from Place 3-1962, to Jehn 1962 and last saw her alive on Place 3-1962 and last saw him alive on Place 3-1962 and last saw him alive on Place 3-1962.  21. 1 attended the deceased from Place 3-1962, to Jehn 1962 and last saw her alive on Place 24-1962  22a. SIGNATURE (Degree or title)  22b. ADDRESS  22a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Bur 1al 2-25-62 Masonic Trenton Mo.  24. FUNERAL DIRECTOR ADDRESS  25. DATE RECO. BY LOCAL REG. 26. RPGISTRAR'S SIGNATURE	T T T	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
Death occurred at		WHILE AT WORK ()   farm, factory, street, office bldg., etc.)	S1
Death occurred at		21 I attended the deceased from Thebe 3-1962 to Feeh 22-1962 and last saw is alive on Theb 24	-1462
23a. BURIAL, CREMATION,   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)		2 124	the causes stated
Z36. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Burial 2-25-62 Masonic Trenton Mo.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE .	lo l	22a. SIGNATURE (Degree or title) 22b. ADDRESS	22c. DATE
236. BURIAL, CREMATION, 236. DATE  REMOVAL (Specify)  Bur 1a1  24. FUNERAL DIRECTOR  ADDRESS  25. NAME OF CEMETER OR CREMATION  25. NAME OF CEMETER OR CREMATION  25. NAME OF CEMETER OR CREMATION  25. DATE RECO. BY LOCAL REG.  26. RPSISTRAR'S SIGNATURE		61 Cecller M.D. renton, Mo.	2-24-0
	FIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 2-25-62 Masonic Trenton. Mo.	(State)
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E Gipson-Whitaker Trenton, Mo. 2-24-62 teene days		Gipson-Whitaker Trenton, Mo. 2-24-62 Keene de	سي

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Lo St Whiteher
Signature of Student Embalmer	1/000

P. O. Address Tentany Mrs.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.